# Ten Things that Can Improve your Trauma PI Program

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- Trauma centers must have a PIPS program that includes a comprehensive written plan outlining the configuration and identifying both adequate personnel to implement that plan and an operational data management system (CD 16–1).
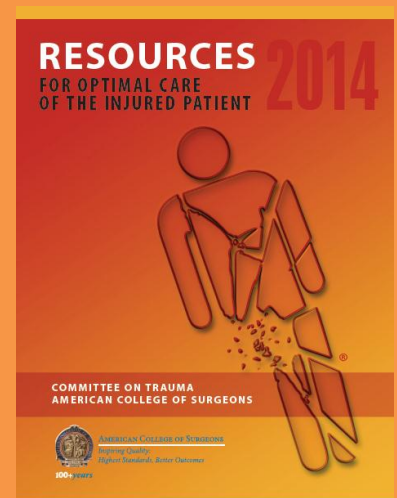
#1 Trauma PI Master Plan

- This is the "User Manual" for your PI program
- Covers everything from Authority to Loop Closure
- Keep it Current! Review yearly
- Don't need to create from scratch

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The trauma PIPS program must integrate with the hospital quality and patient safety effort and have a clearly defined reporting structure and method for provision of feedback (CD 16–3).
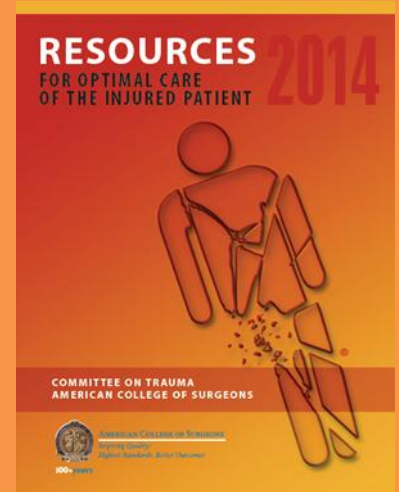
#2 Integrate with Hospital-wide PI

- Find common PI issues
  - Don't reinvent the wheel
  - Use data from other PI teams/committees
- Clear alignment with Hospital PI is an expectation from the ACS

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"The trauma PIPS program must be supported by a registry and a reliable method of concurrent data collection that consistently obtains information necessary to identify opportunities for improvement (CD 15–3). Integration of the trauma registry into institutional information systems can further facilitate data gathering. "

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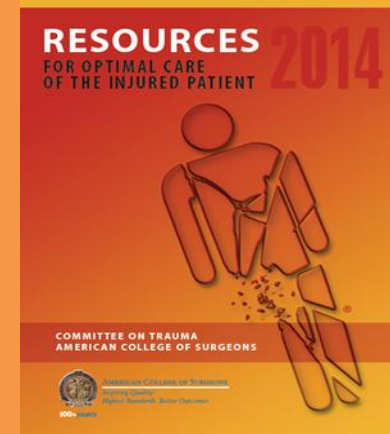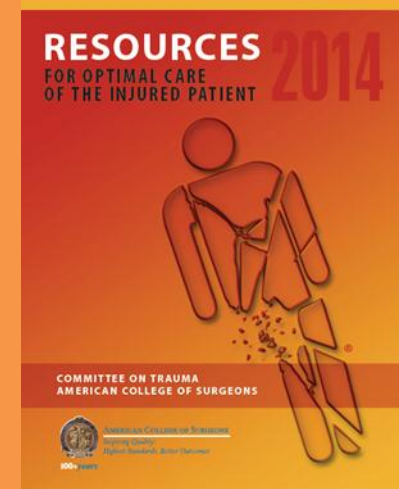
#3 Electronic Data Collection

- Retype Data? NO!...Download or Import? YES!

- Takes time and maybe $ to set up
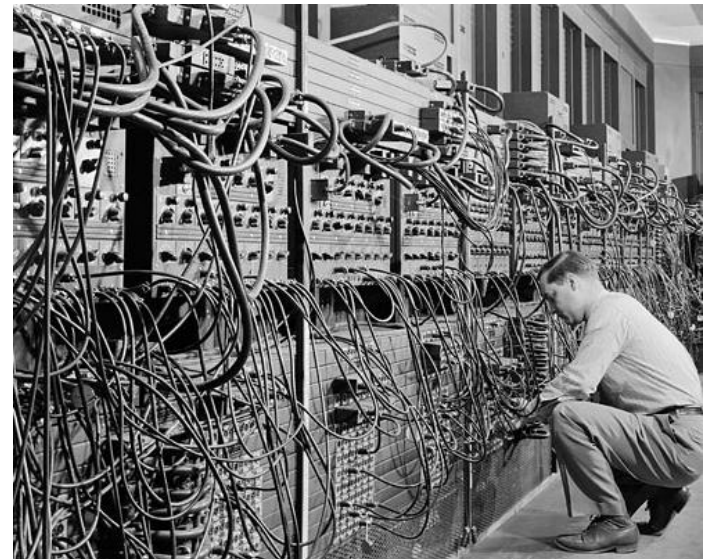
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"The PIPS program must be supported by a reliable method of data collection that consistently obtains the information necessary to identify opportunities for improvement (CD 15–1)"

#4 Expand Your PI Team

- You need eyes and ears everywhere….

- Encourage staff to help monitor for events
  - Issues that are not documented in the chart
  - Issues that need quick follow up
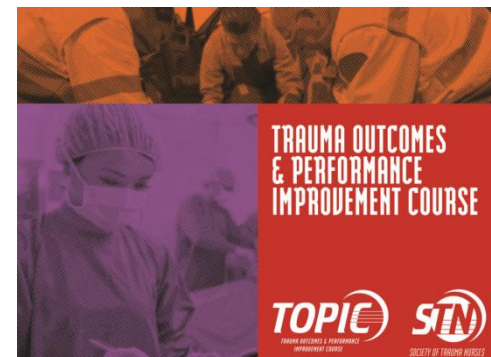
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"The methods, language, and concepts of PIPS are evolving. Trauma program staff who are interested in developing and further refining their trauma performance improvement processes should attend the Trauma Outcomes and Performance Improvement Course (TOPIC)"
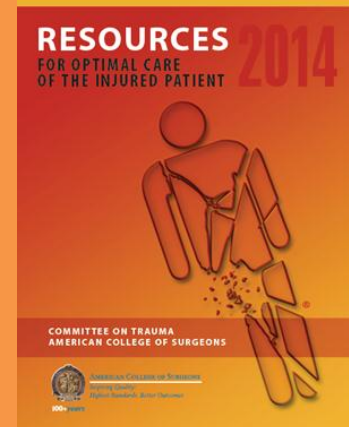
#5 Attend a TOPIC Course

- Disclosures Alert... I am a TOPIC course faculty
- Covers all aspects of a Trauma PI program

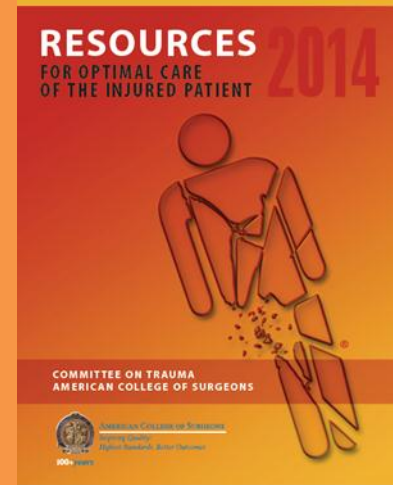TRAUMA OUTCOMES & PERFORMANCE IMPROVEMENT COURSE

TOPIC STN SOCIETY OF TRAUMA NURSES

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"Sufficient mechanisms must be available to identify events for review by the trauma PIPS program (CD 16–10)"

#6 Develop a "Tier'ed" PI Review

- **Primary review**
  - Did this really happen?
  - Who needs to review it next?
- **Secondary review**
  - TMD, M&M, Administrator reviews
  - Can close many issues at this level
- **Tertiary review**
  - Multidisciplinary, big system issues
- Document at each level!

Primary Review

Secondary Review

Tertiary Review

7
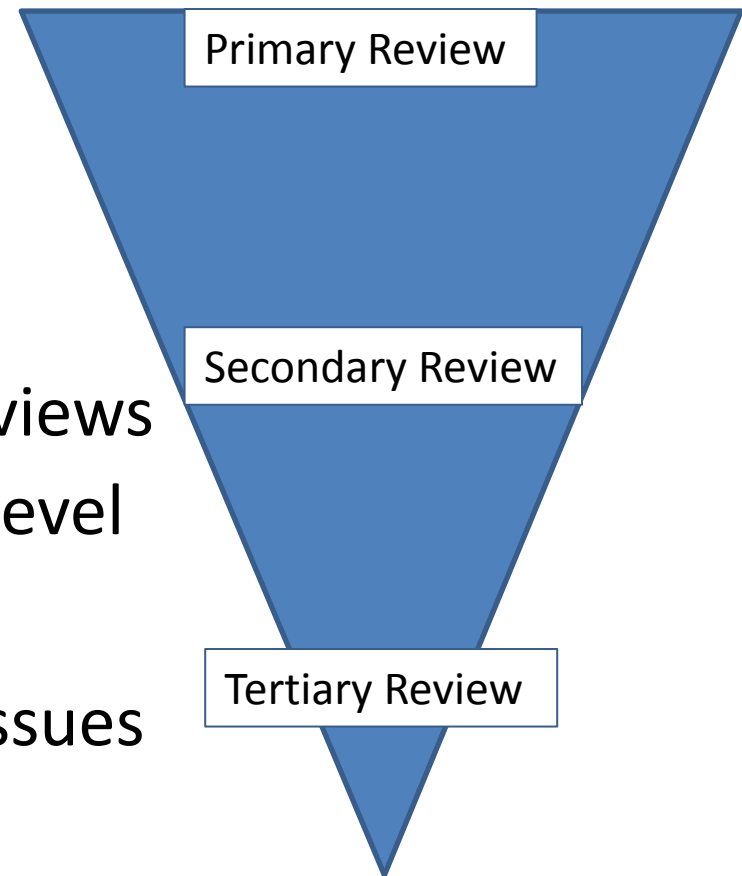
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"All process and outcome measures must be documented within the trauma PIPS program's written plan and reviewed and updated at least annually (CD 16–5)"

#7 Clean up Your Audit Filters

- Review & Update PI filters regularly (yearly)
- Get rid of old, outdated filters
- Get ideas from PIPS committee members
- Use your data to point to new areas that need monitoring

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"Trauma programs should seek to reduce unnecessary variation in the care they provide. To achieve this goal, a trauma program must use clinical practice guidelines, protocols, and algorithms derived from evidenced-based validated resources (CD 16–4)"

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#8 Monitoring of PMGs

- The future of trauma PI... proving that you follow your own PMGs, and that they make a difference in outcome

- Can be time intensive, narrow your focus

- Spread the pain over time, rotate reviews via a calendar

-
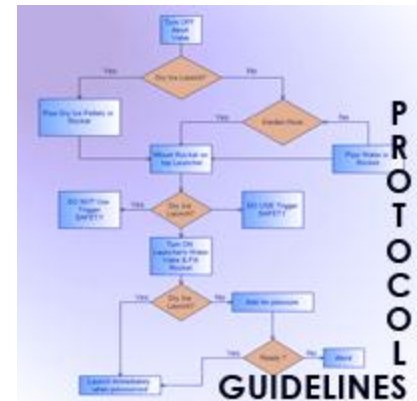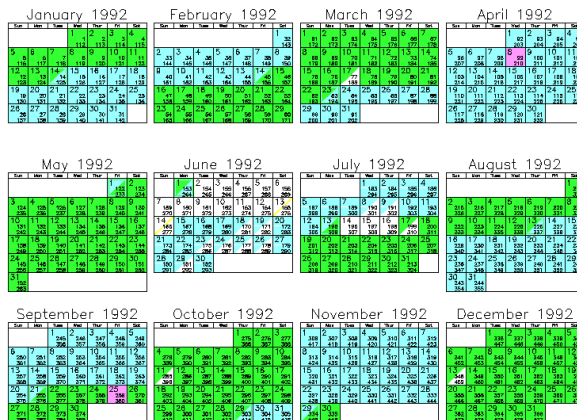
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"An effective performance improvement program demonstrates through clear documentation that identified opportunities for improvement lead to specific interventions that result in an alteration in conditions such that similar adverse events are less likely to occur (CD 16–19)"
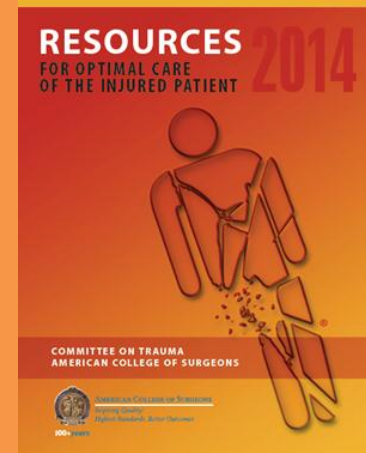
#9 Pay Attention to Loop Closure

Don't quit running 24 miles into a marathon!

Re-monitoring of the issue proves that it has been resolved

Develop strategies for keeping track of where you are on loop closure
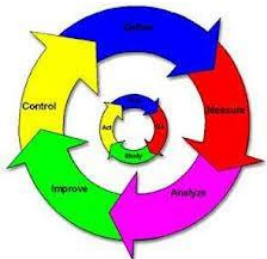
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- "In addition to monitoring clinical performance, trauma centers are also encouraged to measure their contributions to trauma system development, sustainment, and evolution. Although many attributes of the trauma system are beyond the direct control and impact of trauma centers, there are tangible measures of systems engagement, support, and leadership"
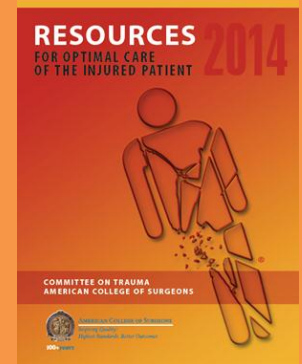
#10 PI is More Than You Think

- Trauma program staff involved in regional and state leadership positions
- Follow-up reports to referring facilities and EMS
- Invite the participation of EMS and referring facilities in multidisciplinary peer review
- Participate in trauma system advocacy
  - Public information, media events, and eliciting local and state government support

BONUS !

Resources for Optimal Care of the Injured Patient 2014

"The trauma PIPS program should be familiar with—and where applicable, participate in— national quality and patient safety initiatives. A listing of, and links to, various quality efforts— including the National Quality Forum, Institute of Medicine, Cochrane Review, Agency for Healthcare Research and Quality, Joint Commission, and others—can be found at *www.facs.org/quality-programs/trauma/ vrc/resources*"

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VRC VERIFICATION REVIEW CONSULTATION
for excellence in trauma centers
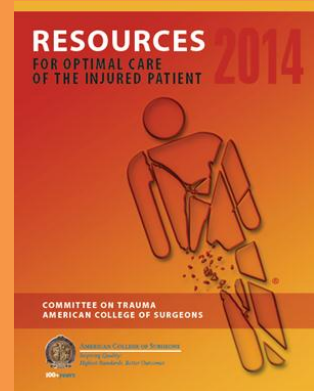
About Quality Programs

ACS NSQIP

ACS NSQIP Pediatric

Childrens Surgery Verification Pilot

Bariatrics

Breast Disease

Cancer

Surgeon Specific Registry

Trauma

Resources for Optimal Care of the Injured Patient 2014/Resources Repository

We have made the final version (v1.1) of the *Resources for Optimal Care of the Injured Patient 2014* available for download.

We have created a resource repository, which is referred to in several places throughout *Resources for Optimal Care of the Injured Patient 2014*. The content related to the criteria is complete. We do not envision any additional edits to the content until a formal process is developed for ongoing revision of the document.

Verification applicants with any visits scheduled on or after July 1, 2015, will be required to meet the criteria contained in the *Resources for Optimal Care of the Injured Patient 2014*. For more information regarding a site visit, please review our site visit materials. Please allow for a 12-month lead time when requesting a visit.

Get Your Copy

Download the *Resources for Optimal Care of the Injured Patient 2014 (6th edition)*.

To order a copy of the Resources 2014 manual, please visit the ACS E-Store.

Resources Repository

- Information pertaining to the classification of mortality—The Joint Commission Taxonomy Implementation for Trauma Performance Improvement
- A listing of, and links to, various quality efforts
  - National Quality Forum
  - Institute of Medicine
  - Cochrane Review
  - Agency for Healthcare Research and Quality
  - The Joint Commission
- CME Physician Guidelines
- Clarification and Changes in Verification Criteria (video)

Taxona...What?

Trauma QI Taxonomy...

- A system for categorization of quality events

- A common language and system

Joint Commission Taxonomy Implementation for Trauma Performance Improvement

R. Lawrence Reed, II, MD FACS
Director of Trauma Services, IU Health Methodist Hospital
Professor of Surgery, Indiana University
Indianapolis, IN

Taxonomy...
just another set of tools
in the Quality toolbox

International Journal for Quality in Health Care Advance Access published February 21, 2005

International Journal for Quality in Health Care 2005; pp. 1 of 11   10.1093/intqhc/mzi021

The JCAHO patient safety event taxonomy: a standardized terminology and classification schema for near misses and adverse events

ANDREW CHANG, PAUL M. SCHYVE, RICHARD J. CROTEAU, DENNIS S. O'LEARY AND JEROD M. LOEB

JCAHO, Division of Research, Oakbrook Terrace, Illinois, USA

International Journal for Quality in Health Care 2009; Volume 21, Number 1: pp. 18–26   10.1093/intqhc/mzn057

Towards an International Classification for Patient Safety: key concepts and terms

WILLIAM RUNCIMAN[1]*, PETER HIBBERT[2], RICHARD THOMSON[3], TJERK VAN DER SCHAAF[4], HEATHER SHERMAN[5] AND PIERRE LEWALLE[6]

[1]University of South Australia, Joanna Briggs Institute and Royal Adelaide Hospital, Level 5 McEwin Building, Royal Adelaide Hospital, North Tce Adelaide 5000, SA, Australia, [2]National Patient Safety Agency, 4-8 Maple St, London WIT 5HD, UK, [3]Institute of Health and Society, Newcastle University Medical School, Framlington Place, Newcastle upon Tyne NE2 4HH, UK, [4]Hasselt University, Campus Diepenbeek, Agoralaan, Building D, Room A 55, BE-3590 Diepenbeek, Belgium, [5]Department of Health Services Research, Division of Quality Measurement and Research, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181, USA, and [6]Measurements and Health Information Systems Department, Information, Evidence and Research, World Health Organization, 20, Avenue Appia, CH-1211 Geneva 27, Switzerland

Severity of harm (AHRQ degrees of resulting harm)

Type of health care service or intervention provided

I. Impact

II. Type

III. Domain

IV. Factors
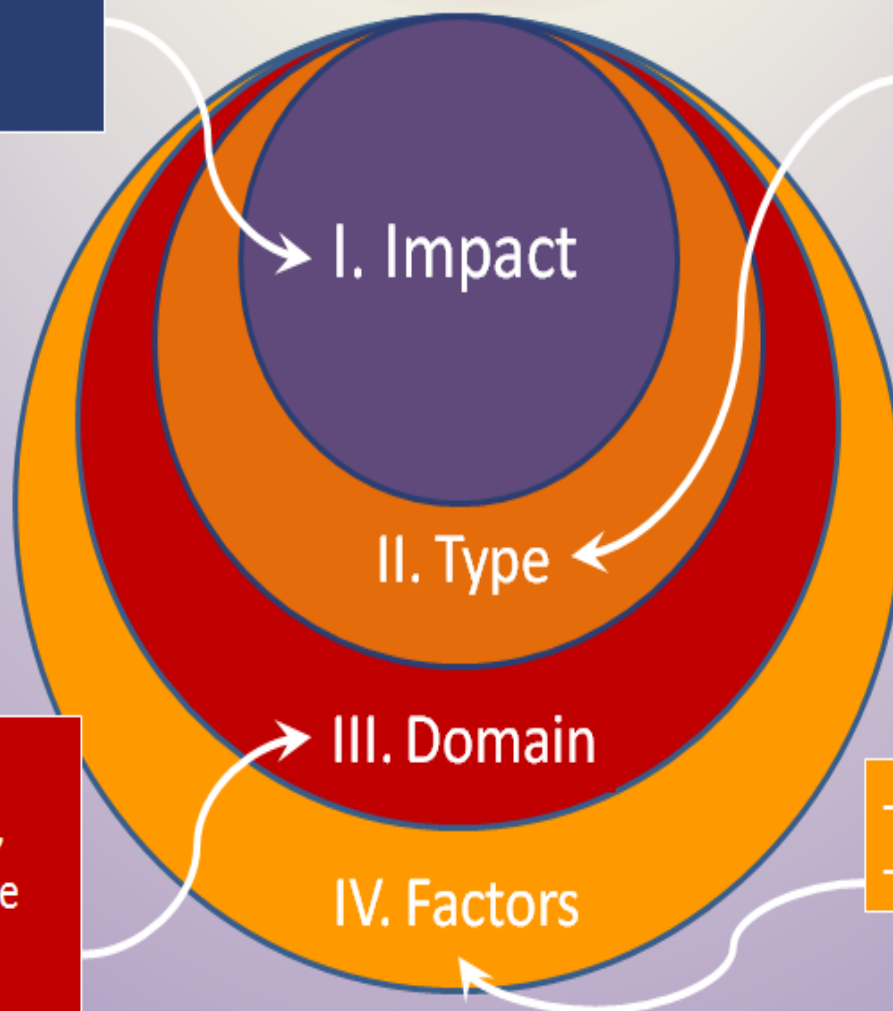
Type of individual involved (physician, nurse, etc.) and type of setting (hospital, pre-hospital, clinic, etc.)

- System
- Human

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3 Electronic Data Collection

4 Expand Your PI Team

5 Attend a TOPIC Course

6 Develop a "Tier'ed" PI Review

7 Clean up Your Audit Filters

8 Monitoring of PMGs

9 Pay Attention to Loop Closure

10 PI is More Than You Think

Bonus Get Ready for the New Taxomony...its coming

THANK YOU

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